

**Fairfax County Circuit Court  
DIVORCE Case Cover Sheet**

To be filed with the Bill of Complaint and any Cross-Bill of Complaint in ALL divorce cases

Date Filed: \_\_\_\_\_

Case Number: \_\_\_\_\_

PLEASE COMPLETE ALL SHADED AREAS

**PARTIES**

COMPLAINANT	DEFENDANT	SERVICE DATE/TYPE
Name:	Name:	

**ATTORNEYS**

<b>COMPLAINANT ATTORNEY:</b>  <b>BAR ID:</b>    <b>FIRM:</b>	<b>DEFENSE ATTORNEY:</b>  <b>BAR ID:</b>  <b>ANSWER DATE:</b> <b>CROSS-BILL DATE:</b> <b>FIRM:</b>
Name:	Name:
Street:	Street:
City:                      State:              Zip	City:                      State:              Zip
Phone Number:    (       )	Phone Number:    (       )

(Check all that apply):

<input type="checkbox"/> <b>TOTALLY UNCONTESTED</b> (custody, support and property issues resolved OR no custody, property or support issues)  <input type="checkbox"/> <b>ORE TENUS</b> (planning to file a Request for Ore Tenus hearing)	<input type="checkbox"/> <b>CONTESTED PROPERTY OR SUPPORT ISSUES</b>	<input type="checkbox"/> <b>CONTESTED CUSTODY ISSUES</b>
<b>REQUESTED SERVICE:</b> <div style="text-align: center;"><input type="checkbox"/> <b>SHERIFF</b>    <input type="checkbox"/> <b>SPECIAL PROCESS SERVER</b>    <input type="checkbox"/> <b>ACCEPTANCE</b>    <input type="checkbox"/> <b>PUBLICATION</b> <input type="checkbox"/> <b>WAIVER</b>    <input type="checkbox"/> <b>NO SERVICE AT THIS TIME</b></div>		